Affidavit of Applicant A Check one Bride Groom Spoo		st be filled in by Applicant A
State of WASHINGTON County of Lincoln	Birthdate Age	
The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older and that if I am afflicted with any contagious sexually transmitted disease, the condition is known	Birthplace ☐ Single ☐ Widowed ☐ Divorced ☐ Under Control ☐ Registered Domestic of Guardian Partnership	Print Name in Full X Signature in Full Subscribed and Sworn to before me on
to Applicant B; and further, that I do not currently have a spouse or a registered domestic partner other than Applicant B and that I am not related to Applicant B.	Address (present) Street	day month year
Marriage license is not valid for three (3) days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.	City State Zip Address (Past 6 Months) Street City State Zip	Deputy Auditor/Notary Public
Affidavit of Applicant B Check one Bride Groom Spoo	Mu	st be filled in by Applicant B Applicant B
State of WASHINGTON County of Lincoln	Birthdate Age	
The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older and that if I am	Birthplace Widowed □ Divorced □ Under Control □ Registered Domestic	Print Name in Full X
afflicted with any contagious sexually transmitted disease, the condition is known to Applicant A; and further, that I do not currently have a spouse or a registered	of Guardian Partnership Address	Signature in Full Subscribed and Sworn to before me on
domestic partner other than Applicant A and that I am not related to Applicant A.	(present) Street	day month year
Marriage license is not valid for three (3) days from date of application and is void if	City State Zip	Donata Auditor/Neton Dublic
marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.	Address (Past 6 Months) Street	Deputy Auditor/Notary Public
Parents' or Guardians' Consent	City State Zip	
Applicant A	Applicant B	
I hereby certify that I am (Parent-Guardian) of	I hereby certify that I am (Parent-Guardian) of	Subscribed and Sworn to before me on
Who is years of age and give my full consent to their marriage to	Who is years of age and give my full consent to their marriage to	day month year
х	X	Deputy Auditor/Notary Public
Signature Parent/Guardian of Applicant A	Signature Parent/Guardian of Applicant B	
Date of Application	Date License Valid	Marriage License No.